

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)Applicant(s): **Stephen Robert Tennison**

Docket No.

MAST-6-PCT

Application No.

10/551,590

Filing Date

11/10/2005

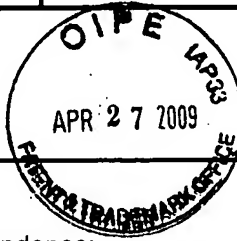
Examiner

Daniel H. Miller

Customer No.

76981

Group Art Unit

1794Invention: **Shaped Porous Materials**

I hereby certify that the following correspondence:

Response to a Final Office Action dated 8 December 2008*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

April 27, 2009*(Date)***Gerow D. Brill***(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***EQ420778395 US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**

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Response to Office Action -- Application Number 10/551590-- Docket MAST-6
comprising:

Combined Amendment & Petition for Extension of Time - 2 Sheets
Response and Amendment with Claim Listing - 6 sheets
Certificate of Mailing by Express Mail - 1 sheet
Credit Card Payment Form - 1 sheet

April 27, 2009



EQ 420778395 US



Mailing Label
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage S	
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee S	
Mo. Day Year	Month Day	COD Fee	Insurance Fee
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	S	S
Flat Rate <input type="checkbox"/> or Weight lbs. ozs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees S	
	Int'l Alpha Country Code	Acceptance Emp. Initials	

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

CUSTOMER USE ONLY	
PAYMENT BY ACCOUNT Express Mail Corporate Acct. No.	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.
Federal Agency Acct. No. or Postal Service Acct. No.	
<input type="checkbox"/> NO DELIVERY Weekend Holiday <input type="checkbox"/>	Mailer Signature

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PO Box ~~22313~~ 1470

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